

<b>Case Number:</b>	CM15-0108449		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41 year old male, who sustained an industrial injury on 8/30/2010. The mechanism of injury is unknown. The injured worker was diagnosed as having frozen shoulder and epicondylitis. There is no record of a recent diagnostic study. Treatment to date has included right elbow and right shoulder surgeries, physical therapy and medication management. In a progress note dated 5/6/2015, the injured worker complains of continued right upper extremity pain. Physical examination showed right shoulder and elbow tenderness and decreased range of motion. The treating physician is requesting trigger point injections to the right shoulder. The patient's surgical history include right elbow and right shoulder surgery. The patient has had MRI of the right elbow that revealed mild tendinopathy. The patient had received an unspecified number of the PT visits for this injury The patient had used a TENS unit for this injury Patient had received injections in right elbow. The medication list include Naproxen, Protonix, Tramadol. Patient had received an unspecified number of Trigger Point Injection for Right Shoulder for this injury. The most recent TPI had produced only temporary pain relief for less than a month.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Trigger Point Injection for Right Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, page 122.

**Decision rationale:** Request Trigger Point Injection for Right Shoulder. MTUS Chronic Pain Guidelines regarding Trigger point injections state, Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Criteria for the use of Trigger point injections: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The records provided did not specify the indications for trigger point injections listed above. Records provided did not specify documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In addition, evidence that medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain was also not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Patient has received an unspecified number of the PT visits for this injury till date. Any evidence of continued ongoing conservative treatment including home exercise and stretching was not specified in the records provided. The previous therapy notes are not specified in the records provided. Patient had received an unspecified number of Trigger Point Injection for Right Shoulder for this injury. The most recent TPI had produced only temporary pain relief for less than month. Any evidence of a greater than 50% pain relief for six weeks from previous injections and evidence of functional improvement was not specified in the records provided. The detailed response to previous trigger point injections for this injury was not specified in the records provided. The notes of previous trigger point injections documenting significant functional progressive improvement was not specified in the records provided. Rationale for repeating trigger point injections for this injury was not specified in the records provided. The medical necessity of the request for Trigger Point Injection for Right Shoulder is not fully established in this patient.